IFU

ANG 2 A TUNG BE

PTO/SB/81 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

or the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS

INDICATION FORM

Application No.	arriation unless it displays a valid OMB control number.
Application Number	10732003
Filing Date	12-10-2003
First Named Inventor	WANG
Title	WIRELESS COMM. PLURA
Art Unit	.2618
Examiner Name	CHAN
Attorney Docket Number	

I haraby rayaka all araying payors of attancy signs in t					
I hereby revoke all previous powers of attorney given in t	he above-identified application.				
I hereby appoint:	-				
Practitioners associated with the Customer Number: 43/43					
OR	· · · · · · · · · · · · · · · · · · ·				
Practitioner(s) named below:					
Name	Registration Number				
as my/our attorney(s) or agent(s) to prosecute the application identified Trademark Office connected therewith.	above, and to transact all business in the United States Patent and				
Please recognize or change the correspondence address for the above	identified application to:				
The address associated with the above-mentioned Customer OR	Number:				
The address associated with Customer Number:					
OR L					
Individual Name					
Address					
City	State Zip				
Country					
Telephone	Email				
l am the:					
Applicant/inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/S	6)				
SIGNATURE of Applicant or Assignee of Record					
Signature Many	Date				
Name / James	WANG Telephone				
Title and Company					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
signature is required, see below*.					

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (01-06) Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Office of the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

ed to respond to a collection of information unless it displays a valid OMB control number				
Application Number	10732003			
Filing Date	12-10-2003			
First Named Inventor	WANG			
Title	WIRELESS COMM. PLURA			
Art Unit	. 2618			
Examiner Name	CHAN			
Attorney Docket Number				

The address associated with the Customer Number: Practitioner(s) named below: Name	I hereby revoke	all previous powers of attorney given in t	he above-identified applic	cation				
Practitioner(s) named below. Name Registration Number Name Registration Number Registration Number Name Registration Number Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Reiephone Email I am the: Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Note: Signatures of all the inventors or assignees of record of the entire interest or their corresponding to the interest of the interest of their corresponding to the interest of the intere				pation.				
Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Email I am Ine: Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) Signature Signature Date Please recognize or the United States Patent and Interest or Individual Name Date ON Country Telephone Telephone Telephone Telephone Telephone Telephone Telephone Telephone Telephone	Practitioners associated with the Customer Number: 43/43							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name The address associated with Customer Number: OTE: Signatures of all the inventors or assignees of record of the entire interest or their representatively for recovery of the entire interest or their representatively for recovery of the entire interest or their representatively for recovery of the entire interest or their representatively for recovery of the entire interest or their representatively for recovery of the entire interest or their representatively for recovery of the entire interest or their representatively for recovery or recovery of the entire interest or their representatively for recovery or their representatively for recovery or their representatively for recovery or recovery or the entire interest or their representatively for recovery or their representative for their rep	Practitioner(s)							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Many Many OTE: Signatures of all the inventors or assignees of record of the entire interest or their representatively and required. Substituting the property of the entire interest or their representatively and required. Substituting the property of the property of the entire interest or their representatively and required. Substituted for the property of the entire interest or their representatively and required. Substituted for the property of the entire interest or their representatively and required.		Name	Registra	tion Number				
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Many Country Date 8/14/1006 Telephone Telephone OCITY Telephone Telephone Telephone Telephone								
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Many Country Date P/W/ York Telephone Telephone OR Telephone Telephone Telephone								
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Many Country Date 8/14/1006 Telephone Telephone OCITY Telephone Telephone Telephone Telephone								
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Many Country Date P/W/ York Telephone Telephone OR Telephone Telephone Telephone								
The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Manage Manage Doo NG Telephone Title and Company IOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit published to the price interest or their representative(s) are required. Submit published to the price interest or their representative(s) are required. Submit published to the price interest or their representative(s) are required. Submit published to the price interest or their representative(s) are required. Submit published to the price interest or their representative(s) are required. Submit published to the price interest or their representative(s) are required. Submit published to the price interest or their representative(s) are required. Submit published to the price interest or their representative(s) are required. Submit published to the price interest or their representative(s) are required.	as my/our attorney(s Trademark Office co	or agent(s) to prosecute the application identified needed therewith.	above, and to transact all busin	ess in the United States Patent and				
The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Manage Manage Don NG Telephone Title and Company IOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit publications or their representative(s) are required.	Please recognize or	change the correspondence address for the above	identified application to:					
The address associated with Customer Number: OR Firm or Individual Name Address City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Meng-Chang Date 8/14/2006 Telephone Telephone Total Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit within form if you have the signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit writing form if you have the signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit writing form if you have the signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit writing form if you have the signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit writing form if you have the signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit writing form if you have the signature of the signature of the entire interest or their representative (s) are required. Submit writing form if you have the signature of the signature of the entire interest or their representative (s) are required. Submit writing form if you have the signature of the signat	1 1			,				
Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Meng-Chang Date Meng-Chang Telephone OTO NG Telephone	OR OR	s associated with the above-mentioned Customer i	Number:	٦				
Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Signature Telephone Telephone Telephone ODE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required. Submit to this form interest or their representative(s) are required.	The address associated with Customer Number:							
City Country Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Meng-Chang Telephone Telephone Total Statement under 37 CFR 3.73(b) Interest or their representative(s) are required. Submit multiple for a signees of record of the entire interest or their representative(s) are required. Submit multiple for a signees of record of the entire interest or their representative(s) are required. Submit multiple for a signees of record of the entire interest or their representative(s) are required. Submit multiple for a signees of record of the entire interest or their representative(s) are required. Submit multiple for a signees of record of the entire interest or their representative(s) are required. Submit multiple for a signees of record of the entire interest or their representative(s) are required. Submit multiple for a signees of record of the entire interest or their representative(s) are required. Submit multiple for a signees of record of the entire interest or their representative(s) are required.	Firm or			J				
Country Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Mang-Chang Date Mang-Chang Telephone Telephone Interest of their representative as a required. Submit an interest of their representative as a required. Submit an interest of their representative as a required. Submit an interest of their representative as a required. Submit an interest of their representative as a required. Submit an interest of the entire interest or their representative as a required. Submit an interest of the entire interest or their representative as a required. Submit an interest of the entire interest or their representative as a required. Submit an interest of the entire interest or their representative as a required. Submit an interest or their representative as a required. Submit an interest or their representative as a required. Submit an interest or their representative as a required. Submit an interest or their representative as a required. Submit an interest or their representative as a required. Submit an interest or their representative as a required. Submit an interest or their representative as a required.		e l						
Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Mang-Chang Date 8/14/2006 Telephone Total Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required.	7.00.000							
Telephone Email I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Mang-Chang Date 8/14/2006 Telephone Total Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required.	City		State	7:0				
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Mang-Chang Telephone Total Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Country		Ciaic	Zip				
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Mang-Chang Date Plephone Telephone NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Telephone		Email					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Meng-Chang Date 8/14/2006 Telephone Total Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a signature of all the inventors or assignees of record of the entire interest or their representative(s) are required.	I am the:							
Signature Signature Date Prophy Date Signature Date Date Date Signature Date Da	Applicant/Inventor.							
Signature Name Meng-Chang Doo NG Telephone Total Structure of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple for a structure of all the inventors or assignees of record of the entire interest or their representative(s) are required.	Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
Name -Meng-chang Telephone Total	SIGNATURE of Applicant or Assignee of Record							
Name - Meng-Chang DooNG Telephone IOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms:	Signature	Drong Many - e	~	Date 8/24/200/				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if	Name	- Meng-chang	DOONG					
IOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one ignature is required, see below.	Title and Company	J 7						
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total offorms are submitted.								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.